

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 08/22/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/25/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	100	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	6	FURTHER PROCESSING NECESSARY,	0	106	106	0
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	21	2996	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
		8599	2342	DETAIL NOT COVERED BY COMBINAT	667	7001	38245	31244
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	537	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404910	PATHWAYS	8621	107	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		5404	40	SEVERE DUPLICATE: SAME ATTD PR	9	260	3333	3041
				OV/PCODE/TOS/DOS/MOD				
		10	35	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404912	CATAWBA COUNTYM	11	169	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	56	DETAIL NOT COVERED BY COMBINAT	47	290	1022	732
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	20	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	11	136	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE	1	137	137	0
				RVICES IN IPRS.				
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							
		0	0		0	0	0	0
3404917	CENTERPOINT HUM	11	329	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		10	153	DIAGNOSIS OR SERVICE INVALID F	16	669	1889	1220
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8599	105	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	133	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	66	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	34	322	2577	2255
		21	46	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL L AREA MH D	8599	1500	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	320	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	196	2453	9747	7294
		21	137	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8599	138	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	83	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	3	409	3275	2866
		5312	40	PRIOR AUTHORIZED DOLLARS EXCEE DED				
3404922	THE DURHAM CENT ER	21	886	DUPLICATE OF CLAIM-SYSTEM				
		8599	228	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1326	2324	998
		8518	67	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404923	FIVE COUNTY MH	8599	133	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	33	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFPS.	33	180	5007	4827
		21	8	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	519	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	366	DUPLICATE OF CLAIM-SYSTEM	51	1707	12147	10440
		11	362	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	11	839	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	204	DUPLICATE OF CLAIM-SYSTEM	80	1391	5453	4062
		8599	171	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M HC	8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	22	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	22	208	1620	1412
		191	21	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	23	1	SERVICE REQUIRES PRIOR APPROVA L				
		0	0		0	1	7	6
3404931	WAKE CO HUM SVC BILLING OF	8599	224	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	155	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	242	743	14972	14229
		8621	142	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	11	32	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	79	2306	2227
		191	15	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	16	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	131	1394	1263
		8952	8	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8932	9	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	17	40	1609	1569
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGEcombe NASH MNTL HLTH C	21	81	DUPLICATE OF CLAIM-SYSTEM				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	87	2085	1998
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8651	2	ONLY FOUR UNITS ALLOWED PER MO NTH	0	26	716	690
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404941	FITT CO MH/DD/S AS CENTER	8599	364	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	262	DUPLICATE OF CLAIM-SYSTEM	7	1146	1514	368
		191	156	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	22	DUPLICATE OF CLAIM-SYSTEM				
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	36	585	549
		8932	3	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTA L HEALTH CE	5404	40	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8931	34	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	63	165	956	791
		8935	25	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	39	DUPLICATE OF CLAIM-SYSTEM				
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	42	339	297
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	33	33

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL HEALTH CTR	8599	37	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	18	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	27	104	1013	909
		21	17	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAM H/DD/SA PRO	8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	50	136	3613	3477
		5404	7	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				